Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION

7784-000600 Attorney Docket No. First Inventor Anthony D. Monk

| 1. \(\sum \) Fee Transmittal Form (e.g., PTO/SB/17) \((Submit an original and a duplicate for fee processing) \) 2. \(\sum \) Applicant claims small entity status. See 37 CFR 1.27. \((if applicable, all necessary) \) 7. \(\sum \) CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) \(\text{Solution} \) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) | TRANSMITTAL | | | | Apparatus and M | ethods fo | or Radome D | epolarization Compensation | | | |
|--|---|--|------------------------|--------|---|-----------|--------------------------|----------------------------|---|--|--|
| APPLICATION ELEMENTS See MFEP chapter 600 concerning utility patient application contents. ADDRESS TO: Commissioner for Patients of the ADDRESS TO: Commissioner for Patients of Commission Patients of Commission Patients of Commissioner for Patients of Commissioner for Patients of Commission Patients of Commissioner for P | (Only for ne | w nonprovisional applications und | ler 37 C.F.R. 1.53(b)) | Expres | s Mail Label No. | EL623 | 556623US | | 彭 | | |
| See 37 CFR 1.27. See 37 CFR 1 | See MPEP chapter 600 concerning utility patent application contents. | | | | ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | |
| 5. Oath or Declaration Total Pages 3 1 13 Preliminary Amendment 13 13 Preliminary Amendment 14 14 15 15 15 15 15 15 | (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages 26] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) | | | | Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. | | | | | | |
| For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS *27572* (Insert Customer Number or Bar Code Label Wark D. Elchuk | 5. Oath or D a. | 5. Oath or Declaration [Total Pages 3] 3 3 4 5. Oath or Declaration [Total Pages 3] 3 4 5. Oath or Declaration [Total Pages 3] 5. Oath or Declaration [Total Pages 3] 6. Oath or Declaration [Total Pages 3] 7 7 7 7 7 7 7 7 7 | | | | | | | | | |
| *27572* 27572 (Insert Customer No. or Attach bar code label here) Name Harness, Dickey & Pierce, P.L.C. Mark D. Elchuk P.O. Box 828 City Bloomfield Hills State MI Zip Code 48303 Country United States of America Telephone 248-641-1600 Fax 248-641-0270 Name (Print/Type) Mark D. Elchuk Registration No. (Attorney/Agent) 33,686 | For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. | | | | | | | | | | |
| City Bloomfield Hills State MI Zip Code 48303 | | - | 17. CORRESP | ONDE | NCE ADDRESS | i[| | | | | |
| Name Mark D. Elchuk P.O. Box 828 City Bloomfield Hills State MI Zip Code 48303 Country United States of America Telephone 248-641-1600 Fax 248-641-0270 Name (Print/Type) Mark D. Elchuk Registration No. (Attorney/Agent) 33,686 | Z Customer number or Bar Code Label 27572 | | | | | | espondence address below | | | | |
| P.O. Box 828 City Bloomfield Hills State MI Zip Code 48303 Country United States of America Telephone 248-641-1600 Fax 248-641-0270 Name (Print/Type) Mark D. Elchuk Registration No. (Attorney/Agent) 33,686 | Name | Harness, Dickey & Pierce, P | P.L.C. | | | | | | | | |
| Address City Bloomfield Hills State MI Zip Code 48303 Country United States of America Telephone 248-641-1600 Fax 248-641-0270 Name (Print/Type) Mark D. Elchuk Registration No. (Attorney/Agent) 33,686 | | | | | | | | | | | |
| Country United States of America Telephone 248-641-1600 Fax 248-641-0270 Name (Print/Type) Mark D. Elchuk Registration No. (Attorney/Agent) 33,686 | Address | P.O. Box 828 | | | | | | | | | |
| Name (Print/Type) Mark D. Elchuk Registration No. (Attorney/Agent) 33,686 | City | Bloomfield Hills State | | МІ | MI Zip | | Code | 48303 | | | |
| | Country | Country United States of America Telephone | | 24 | 248-641-1600 Fax 248-641-0270 | | | 248-641-0270 | | | |
| Signature Date July 23, 2003 | Name (Print/Type) Mark D. Elchuk | | | | Registration No. (Attorney/Agent) 33,686 | | | | | | |
| | Signature | Ma | ell T | de | | | Date | July 23, 200 | 2 | | |

Express Mail No. EL623556623US

PTO/SB/17 (01-03)

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| FEE TO ANGMITTAL | Complete if Known | | | | |
|---|----------------------|-----------------|--|--|--|
| FEE TRANSMITTAL | Application Number | New Application | | | |
| for FY 2003 | Filing Date | | | | |
| | First Named Inventor | Anthony D. Monk | | | |
| Patent fees are subject to annual revision. | Examiner Name | Unknown | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | Group / Art Unit | Unknown | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1264 | Attorney Docket No. | 7784-000600 | | | |

| TOTAL AMOUNT OF PAYMENT (\$) 1264 | | | | Attorn | Attorney Docket No. 7784-000600 | | | -000600 | <i>_</i> |
|---|---------------------------|---|-------------------|--|---------------------------------|-------------------------------------|---------------------------|--|-------------|
| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | | | |
| | | | | 3. ADDITIONAL FEES | | | | | |
| ☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None ☐ Order | | | Large | Large Entity Small Entity | | | | | |
| Deposit Account: | | | Fee | Fee | Fee | Fee | Fee Description | Fee Paid | |
| Deposit | | Code 1051 | (\$) 130 | Code 2051 | (\$) 65 | Surcharge - late filing fee or oath | | | |
| Account Number | 08-0750 | | ' | 1052 | 50 | 2052 | 25 | Surcharge - late ming fee or oath Surcharge - late provisional filing fee | ├ ─┤ |
| 110111007 | | | | ' | | | | or cover sheet. | |
| | | | 1053 | 130 | 1053 | 130 | Non-English specification | | |
| Account Name | Hamess, Dickey | & Pierce, P.L.C. | ' | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination | |
| _ | r is authorized | l to: (check all that app | | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| ☐ Charge fee(s) in | dicated below | ☑ Credit any overpay | yments | 1805 | 1,840° | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| ☐ Charge fee(s) in | dicated below, e | except for the filing f | | 1251 | 110 | 2251 | 55 | Extension for reply within first month | |
| to the above-identifi | | | | 1252 | 410 | 2252 | 205 | Extension for reply within second | |
| | FEE CAL | LCULATION | ! | 1 | | | | month | |
| 1. BASIC FILIN | NG FEE | | | 1253 | 930 | 2253 | 465 | Extension for reply within third month | |
| Large Entity Se | imall Entity se Fee Fe | ee Description | | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month | |
| | ode (\$) | ee Description | Fee Paid | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month | |
| 1001 750 20 | | Jtility filing fee | 750 | 1401 | 320 | 2401 | 160 | Notice of Appeal | |
| 1002 330 20 | | Design filing fee | | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal | |
| | | Plant filing fee | | 1403 | 280 | 2403 | 140 | Request for oral hearing | |
| | 004 375 R | Reissue filing fee | | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1005 160 20 | 005 80 Pi | Provisional filling fee | | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | |
| | SUBTOTAL (| .(1) | (\$)750 | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional . | |
| | | | | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) | |
| 2. EXTRA CLAIM I | | = | _ | 1502 | 470 | 2502 | 235 | Design issue fee | |
| | | Extra Fee from Claims below | Fee Paid | 1503 | 630 | 2503 | 315 | Plant issue fee | |
| Total Claims 37 | | 17 X 18 | = 306 | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| Independent | fi ┌ | | ī — ' | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) | , 🗀 ' |
| Claims 5 | 3 ** = | 2 X 84 | = 168 | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| Multiple Dependent | | x | = 0 | 1 | | | | Recording each patent assignment | 1 |
| Large Entity | Small Entity | | | 8021 | 40 | 8021 | 40 | per property (times number of properties) | 40 |
| Fee Fee Code (\$) | Fee Fee Code (\$) | Fee Description | | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) | , |
| 1202 18 | 2202 9 | Claims in excess of | 20 | 1810 | 750 | 2810 | 375 | For each additional invention to be | |
| 1201 84 | 2201 42 | Independent claims | in excess of 3 | | 1 | | | examined (37 CFR § 1.129(b)) | |
| 1203 280 | 2203 140 | Multiple dependent of ** Reissue independent | | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | , [|
| | | original patent | Jent cialins over | 1802 | 900 | 1802 900 | | Request for expedited examination | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | | | | | | | of a design application | |
| · | | Over original patern | | Other fe | e (speci | fy) | | | |
| SUBTOTAL (2) (\$)474 | | | | | | | | | |
| | | | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40 | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | | (4) 40 | |

| SUBMITTED BY | | | | C | omplete (if applicable) |
|-------------------|----------------|----------------------------------|--------|-----------|-------------------------|
| Name (Print/Type) | Mark D. Elchuk | Registration No. Attorney/Agent) | 33,686 | Telephone | 248-641-1600 |
| Signature | Mul | IN Hele | _ | Date | John 23,200 |
| | + | | | | 1 1 |